

NO WAITING IN LINE

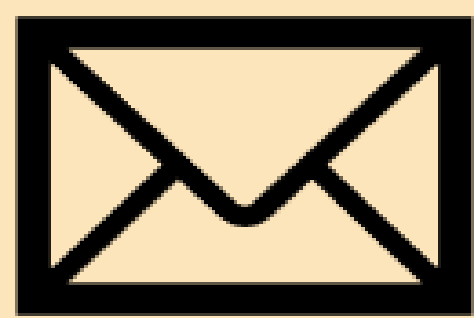
Apply for CalFresh, Medi-Cal and/or CalWORKs

*The minimum information
required to submit an
application is:*

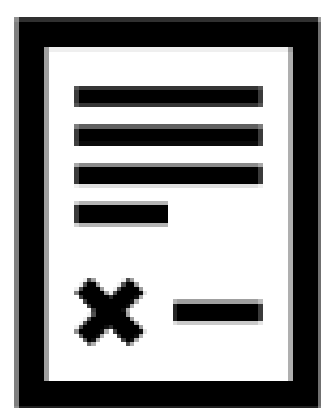
- Name
- Address
- Signature

Mail or Fax

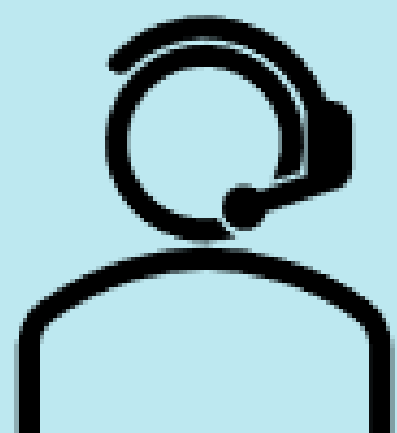
- Mail to: **PO Box 939043**
San Diego, CA 92193
- Submit applications and
Documents
- Fax to: **619-236-9167**



Need to Turn in Documents?



Need Questions Answered?



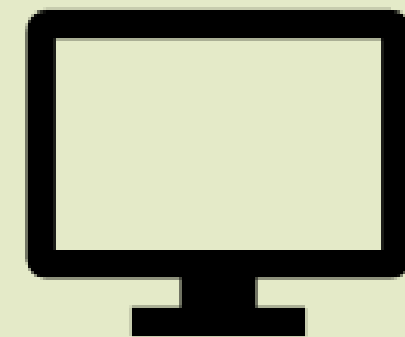
Online

- At [BenefitsCal.com](https://www.BenefitsCal.com)

Check the status of your
○ benefits, submit
documents, reports and
renewals

- To Apply for CalFresh Only:

[GetCalFresh.org](https://www.GetCalFresh.org)



SCAN ME



SCAN ME

On the Phone or In Person

- Call [2-1-1](https://www.211.org)
 - Request general information
- At your local Family Resource
Center



Use Your Computer, Mobile Phone or Tablet
Go to: [SanDiegoCounty.gov](https://www.SanDiegoCounty.gov)
Enter LaterDocs in the search field
Then follow the prompts



SCAN ME

EBT Hotline - 1-877-328-9677

EBT Account Balance, Report Lost/Stolen Card,
Request Replacement Card, Check Transaction History

Access Customer Service Center

Monday thru Friday—7:00 AM—5:00 PM

Check the Status of Your Application, Benefit, and
Request Information

Toll Free: 1-866-262-9881

TDD (Hearing Impaired): 7-1-1